



Building  
Advisory  
Board

To be Completed  
by Staff

Date Received

Hearing Date

**Attention Applicants: The Building Advisory Board meets the second Tuesday of each month. To be placed on an agenda, applications must be submitted at least ten business days prior to the next scheduled meeting.**

**LOCAL CODE AMENDMENT REQUEST  
TO BE CONSIDERED BY THE BUILDING ADVISORY BOARD**

*The board has no authority to adopt amendments to the duly adopted construction codes of the City of Salina. The board does have the authority to consider amendments to the codes and make recommendations accordingly. If the Building Advisory Board makes recommendations for amendments to the codes, such recommendations will be heard, considered and decided by the Salina City Commission.*

**(Applicant – Please complete Items #1 through #6)**

1. Applicant's Name \_\_\_\_\_
2. Applicant's Address \_\_\_\_\_
3. Telephone (daytime) \_\_\_\_\_ E-mail \_\_\_\_\_
4. Provide the code name and section(s) for which you wish to request an amendment:  
(example: 2003 International Residential Code, Section P2801.5.1)  
\_\_\_\_\_  
\_\_\_\_\_
5. Describe the proposed code change: (attach additional sheets if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Provide reason(s) why you feel this code should be changed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant(s) Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If the applicant is to be represented by an authorized agent, please also complete the following information:**

**Name of representative:** \_\_\_\_\_

**Complete Mailing Address, including zip code** \_\_\_\_\_

**Telephone (Business):** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

Following acceptance of this application you will be notified by the Building Official regarding a hearing date. The applicant (or authorized representative) is required to be present at the hearing.